

FILED MAY 24 1944  
Registration District No. 128

Primary Registration District No. 200D

389

## 1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT  
FULL NAMEWILLIAM E. KREISEL3. (b) If veteran,  
name war unk.3. (c) Social Security  
No. 566-12-94594. Sex Male 5. Color or  
race White6. (a) Single, widowed, married,  
divorced MARRIED6. (b) Name of husband or wife  
ELSIE MAY KREISEL6. (c) Age of husband or wife if  
alive 46 years7. Birth date of deceased July  
(Month) 31 (Day) 1898 (Year)8. AGE: Years Months Days If less than one day  
45 9 5 hr. min.9. Birthplace Que Pasa Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

## 11. Industry or business

12. Name PAUL KREISEL13. Birthplace AKA, MO. Missouri  
(City, town, or county) (State or foreign country)14. Maiden name MOLLIE HUFFMAN15. Birthplace AKA, MO. Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Elsie May Kreisel(b) Address AKA, MO.17. (a) REMOVAL (b) Date thereof 5-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation AKA, MO.18. (a) Signature of funeral director CLINKINGBEARD FUNERAL HOME(b) Address AKA, MO.19. (a) 5-6-44 (b) W. Handley  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County DOUGLASS  
(c) City or town RURAL, AKA  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1944 hour 5 minute 30 A. M.21. I hereby certify that I attended the deceased from  
5-6, 1944, to 5-6, 1944;  
that I last saw him alive on 5-6, 1944  
and that death occurred on the date and hour stated above.Immediate cause of death Congestive Heart Failure  
Duration 6 wksDue to Coronary Heart Disease 4 yrs?

Due to \_\_\_\_\_

Other conditions Pulmonary Infection 4 days?  
(Include pregnancy within 3 months of death)Major findings:  
Of operations gfaOf autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury? \_\_\_\_\_23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address AKA, MO. Date signed 5-6-44

SEP 23 1946

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

